

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

BOX 942732

SACRAMENTO, CA 94234-7320



(916) 657-2941

September 15, 1995

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 95-57

**EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)**

The purpose of this letter is to inform you of recent changes in the Medi-Cal program that affect the services available to all full-scope Medi-Cal eligible beneficiaries under 21 years of age. As stated in an E-Mail message sent to you on June 30, 1995, the Department has mailed a beneficiary notice to all Medi-Cal heads of households. Enclosed is a copy of this informing notice. It is provided to you because we anticipate county social services offices will be receiving contacts as a result of the notice. The information in this letter is intended to assist you in responding to beneficiaries' inquiries. You should be aware that a number of entities that serve children have received copies of a special notice informing them of the following changes in the EPSDT program. These entities include but are not limited to regional centers, foster family agencies, all judges in the juvenile and dependency court system, county children services and children protective services. This notice was dated July 25, 1995.

**STATE REGULATIONS**

The Department of Health Services has adopted regulations, effective on April 4, 1994, and amended effective April 27, 1995, to clarify the Department's implementation of the EPSDT program. The paragraphs that follow summarize key provisions in the regulations. This summary is provided only for convenience; the governing provisions are contained in the regulations (copy enclosed).

**BACKGROUND**

Federal law requires that states provide medically necessary screening, vision, hearing, and dental services to Medi-Cal beneficiaries under 21 years of age. Additionally, federal law mandates that any service a state is permitted to cover under Medicaid law that is medically necessary to correct or ameliorate a defect, physical and mental illness, or a condition discovered during a health examination (screen) must be provided to beneficiaries under 21 years of age even if the service or item is not otherwise included in the state's Medicaid program. These provisions are called the EPSDT benefit.

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## **HOW EPSDT SERVICES ARE OBTAINED**

The EPSDT program requires that full-scope Medi-Cal eligible beneficiaries under 21 years of age be screened by health care professionals to determine their medically necessary health care needs. Services under the EPSDT program may be requested as the result of a health screen. A health screen may consist of an examination by (1) a licensed health professional provided in accordance with the requirements of the state Child Health and Disability Prevention Program (CHDP), (2) a health assessment examination, or an evaluation by any other health professional to determine the existence of a physical or mental illness or condition, or (3) any other encounter with a health professional that results in the determination of the existence of a suspected illness or condition, or change or complications in a condition, or determination that a pre-existing condition may now be amenable to specific therapeutic intervention.

In addition, an individual under 21 (or the family, a primary care giver, or an agency responsible for placement and care of the individual) may go directly to a potential or enrolled provider to seek services.

## **EPSDT SUPPLEMENTAL SERVICES**

EPSDT supplemental services are those medically necessary services that are not available to the Medi-Cal population over age 21. If the services identified as medically necessary differ from services available to Medi-Cal beneficiaries 21 and over, and if the services meet specified requirements, they may be provided as EPSDT supplemental services. Any individual under 21 with a non-restricted Medi-Cal card may receive EPSDT supplemental services in addition to regular Medi-Cal services.

## **EXAMPLES OF EPSDT SUPPLEMENTAL SERVICES**

The following are examples of the kinds of services that may be approved as EPSDT supplemental services if all applicable requirements are met:

- EPSDT Case Management Services, which are services that will assist EPSDT-eligible individuals in gaining access to needed medical, social, educational, and other services are now available as a discrete (fee-for-service) service as well as through state or local government entities and their contractors. (See next page for further details.)
- Home nursing may be available. More information about this will be sent in the near future under Article 19 of the Medi-Cal Eligibility Procedures Manual, Section 19D.
- EPSDT supplemental services may include additional services beyond those otherwise limited by Medi-Cal regulations to two per month. These services include psychology, chiropractic, occupational therapy, speech therapy, audiology, and acupuncture.

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## **WHO MAY PROVIDE SERVICES**

EPSDT supplemental services may be provided by an existing Medi-Cal provider, such as a physician, clinic, home health agency, medical equipment supplier, psychologist, speech therapist, or audiologist.

In addition, persons who are members of the Healing Arts professions, as noted below, may provide EPSDT supplemental services if such services are not available through existing Medi-Cal providers. Persons who are not existing Medi-Cal providers and who are enrolled to provide EPSDT supplemental services are called EPSDT supplemental services providers. EPSDT supplemental services providers may only provide EPSDT supplemental services.

EPSDT supplemental services providers include those referred to in Chapters 1 through 14 of the California Business and Professions Code: Dietitians, Vocational Nurses, Marriage, Family and Child Counselors, and Licensed Clinical Social Workers.

## **PRIOR AUTHORIZATION**

EPSDT supplemental services for beneficiaries who are NOT enrolled in Medi-Cal managed care plans must be prior authorized by the Department of Health Services. Requests for prior authorization must be made by the enrolled Medi-Cal provider, or the person who wishes to be an EPSDT Supplemental Services provider, by submitting a Treatment Authorization Request to the nearest Medi-Cal Field Office.

For Medi-Cal eligible clients of California Children's Services (CCS), the client's local CCS office should be contacted for EPSDT supplemental services related to the CCS-eligible condition.

EPSDT eligible beneficiaries who are enrolled in Medi-Cal managed care plans should contact their respective plans for any additional services or to obtain additional information.

## **EPSDT CASE MANAGEMENT SERVICES**

As previously stated, EPSDT Case Management Services are services that will assist EPSDT-eligible individuals in gaining access to needed medical, social, educational, and other services. EPSDT case management is now available in some circumstances as a discrete (fee-for-service) service as well as through state or local government entities and their contractors. EPSDT case management services provided on a fee-for-service basis are, like other EPSDT supplemental services, subject to prior authorization.

EPSDT case management services will not be authorized if the Department determines that appropriate services for the EPSDT-eligible beneficiary may be obtained through a targeted case management provider. If services are not determined to be available through one of these sources, the EPSDT-eligible beneficiary may receive case management from a designated unit within the Department, or if not available within the Department, only then will the case management services be approvable on a fee-for-service basis.

In addition, requests for fee-for-service EPSDT case management services will not be approved if the Department determines that appropriate case management services can be reasonably obtained for the EPSDT-eligible beneficiary through the use of family, agency, or institutional assistance available to the general public. In making this determination, the Department may take into account the following:

- (1) Whether or not the beneficiary has a complicated medical condition and/or mental health condition resulting in significant impairment.
- (2) Whether or not the beneficiary has one or more environmental risk factors (examples are a primary care giver under 18 years, or a primary care giver with a mental or physical disability).
- (3) Any environmental stressor that would compromise the primary care giver's ability to assist the beneficiary in gaining access to the necessary medical, social, educational, and other services.

Fee-for-service EPSDT case management services may be provided by: (1) a child protection agency; (2) other agency or entity serving children; or (3) an individual provider whom the Department finds qualified by education, training, or experience to provide EPSDT case management services. Any EPSDT case manager must meet the standards for EPSDT supplemental services providers set forth in the enclosed EPSDT regulations.

For children enrolled in Medi-Cal managed care plans, the plan will determine whether EPSDT case management services can be approved under the criteria in the regulations. When such services are determined to meet the criteria, the plan will then perform the necessary case management or arrange for it.

#### **FOR FURTHER INFORMATION**

If applicants or beneficiaries have questions regarding Medi-Cal EPSDT services, they should contact the local county CHDP office. They can also ask their primary care physician. Beneficiaries in a Managed Care Plan should contact the Managed Care Plan in which they are enrolled.

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Pursuant to Title 22, Section 50157(f)(5), and (k), and Section 50184, counties are required to refer Medi-Cal applicants to CHDP. Counties may, at their discretion, use this opportunity to inform applicants of EPSDT services. If County Welfare Directors or Medi-Cal Liaisons have specific questions regarding EPSDT supplemental services, they may call Cindy Muñoz at (916) 657-0553 or Mary Lamar-Wiley at (916) 657-0533 of the Medi-Cal Benefits Branch.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch  
Department of Health Services

ORIGINAL SIGNED BY

MAJORIE KELLEY, Deputy Director  
Children and Family Services Division  
Department of Social Services

Enclosures

## NOTICE TO MEDI-CAL BENEFICIARIES

If either you or your child are under age 21, you may be able to get more or different services through Medi-Cal than persons over age 21 if the services are medically necessary. This is so that children and young adults under 21 years of age can get all the health care services they need to make sure health problems are found and treated early.

Through this program (called the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program), children and young adults under age 21 are examined by health care professionals to determine their health care needs during regularly scheduled visits, or more often if necessary. If Medi-Cal agrees that more or different services are needed than are available to those over age 21, the health care professional may provide them, if qualified to do so, or may refer you or your child to another health care professional who is qualified to provide them. These extra services, however, need prior approval from Medi-Cal. You will be notified if the services are not approved.

If you or your doctor think that health services which are not usually covered by Medi-Cal may be needed, or if you need help finding and arranging necessary health care or other assistance, you should talk to:

- Your local county Child Health and Disability Prevention Program.
- The Managed Care Plan you are enrolled in.

Or ask your doctor to contact:

- The local Medi-Cal Field Office, or
- The California Children's Services Program.

## NOTIFICACION A LOS BENEFICIARIOS DE MEDI-CAL

Si usted o su niño(a) son menores de 21 años de edad, es posible que usted pueda recibir más servicios de Medi-Cal, o servicios diferentes que los que reciben las personas mayores de 21 años, si esos servicios son necesarios por razones médicas. Esto se hace de esta manera para que los niños y los jóvenes adultos menores de 21 años puedan obtener todos los servicios relativos al cuidado de la salud que necesiten para asegurar que se encuentren cualesquier problemas de la salud y se traten a tiempo.

A través de este programa (al que se le llama programa de Exámenes, Diagnósticos y Tratamientos Tempranos y Periódicos (Early and Periodic Screening, Diagnosis, and Treatment—EPSDT)), los niños y los jóvenes adultos menores de 21 años son examinados por profesionales del cuidado de la salud para determinar sus necesidades relativas al cuidado de la salud durante consultas programadas con regularidad, o más frecuentes si son necesarias. Si Medi-Cal conviene que se necesitan más o servicios diferentes que los que hay a la disposición para las personas mayores de 21 años, el profesional del cuidado de la salud puede proporcionarlos, si está capacitado para hacerlo, o puede despacharle a usted o a su niño(a) a otro profesional del cuidado de la salud que esté capacitado para proporcionarlos. Sin embargo, estos servicios adicionales, necesitan aprobación previa de Medi-Cal. Se le notificará si no se aprueban los servicios.

Si usted o su doctor creen que los servicios de la salud que normalmente no están cubiertos por Medi-Cal pudieran ser necesarios, o si necesita ayuda para encontrarlos o hacer los arreglos necesarios para recibirlos, usted debe comunicarse con:

- su Programa local de Salud y Prevención de Incapacidades para Niños y Adolescentes.
- el Plan de Cuidado Administrado en el que usted esté inscrito.

o pídale a su doctor que se comuniquen con:

- la oficina local regional de Medi-Cal, o
- el Programa de Servicios a los Niños de California.

## MEDI-CAL FIELD OFFICES

Fresno Medi-Cal Field Office  
3374 East Shields Ave. C-4  
Fresno, CA 93726  
(209)228-5904

Oakland Medi-Cal Field Office  
1433 Webster Street Suite 100  
Oakland, CA 94612  
(510)286-1000

Sacramento Medi-Cal Field Office  
9343 Tech Center Dr. Suite 260  
Sacramento, CA 95826  
(916)255-3500

San Francisco Medi-Cal Field Office  
185 Berry St. Suite 290  
San Francisco, CA 94107  
(415)904-9600

San Jose Medi-Cal Field Office  
100 Paseo de San Antonio, Room 229  
San Jose, CA 95113  
(408)277-1751

Los Angeles Medi-Cal Field Offices  
107 South Broadway Room 9103  
Los Angeles, CA 90012  
(213)897-0745

San Bernardino Medi-Cal Field Office  
1840 South Commercenter Cir.  
San Bernardino, CA 92408  
(909)383-4192

San Diego Medi-Cal Field Office  
8885 Rio San Diego Dr. Suite 167  
San Diego, CA 92107  
(619)688-6102

**EPSDT PROGRAM--EMERGENCY REGULATIONS AS  
FILED WITH THE SECRETARY OF STATE  
ON APRIL 27, 1995 (R-14-93)**

**51184. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program Definitions.**

(a) EPSDT Screening Services means:

(1) An initial, periodic, or additional health assessment of a Medi-Cal eligible individual under 21 years of age provided in accordance with the requirements of the Child Health and Disability Prevention (CHDP) program as set forth in Title 17, Sections 6800 et seq.; or

(2) A health assessment, examination, or evaluation of a Medi-Cal eligible individual under 21 years of age by a licensed health care professional acting within his or her scope of practice, at intervals other than those specified in paragraph (a)(1) to determine the existence of physical or mental illnesses or conditions; or

(3) Any other encounter with a licensed health care professional that results in the determination of the existence of a suspected illness or condition or a change or complication in a condition for a Medi-Cal eligible person under 21 years of age.

(b) EPSDT diagnosis and treatment services means only those services provided to persons under 21 years of age that:

- (1) Are identified in section 1396d(r) of title 42 of the United States Code,

(2) Are available under this chapter without regard to the age of the recipient or that are provided to persons under 21 years of age pursuant to any provision of federal Medicaid law other than section 1396d(a)(4)(B) and section 1396a(a)(43) of title 42 of the United States Code, and

(3) Meet the standards and requirements of Sections 51003 and 51303, and any specific requirements applicable to a particular service that are based on the standards and requirements of those sections.

(c) EPSDT supplemental services means health care, diagnostic services, treatment, and other measures, that:

(1) Are identified in Section 1396d(r) of Title 42 of the United States Code.

(2) Are available only to persons under 21 years of age,

(3) Meet any one of the standards of medical necessity as set forth in paragraphs (1), (2), or (3) of Section 51340(e), and

(4) Are not EPSDT diagnosis and treatment services.

(d) EPSDT supplemental services include EPSDT case management services when provided by EPSDT case managers described in paragraph (h)(4).

(e) EPSDT diagnosis and treatment provider means any of the providers listed under Section 51051, other than EPSDT supplemental services providers.



(f) EPSDT Supplemental Services Provider means a person enrolled pursuant to Section 51242 to provide EPSDT supplemental services as defined in subsection (c).

(g) EPSDT case management services means services that will assist EPSDT-eligible individuals in gaining access to needed medical, social, educational, and other services.

(h) EPSDT case manager means:

(1) A targeted case management (TCM) provider under contract with a local governmental agency described in Section 14132.44 of the Welfare and Institutions Code.

(2) Entities and organizations, including Regional Centers, that provide TCM services to persons described in Section 14132.48 of the Welfare and Institutions Code.

(3) A unit within the Department designated by the Director.

(4) A child protection agency, other agency or entity serving children, or an individual provider, that the Department finds qualified by education, training, or experience, and that the Department enrolls pursuant to Section 51242 to provide EPSDT case management services.

(i) For purposes of the EPSDT program, the term "services" is deemed to include supplies, items, or equipment.

#### **51242. EPSDT Diagnosis and Treatment Provider and EPSDT Supplemental Services Provider.**

(a) An EPSDT diagnosis and treatment provider shall meet the requirements for participation in the Medi-Cal program as specified in this chapter, excepting the requirements specified in subsection (b)

(b) A provider seeking to provide EPSDT supplemental services, who is not enrolled as a provider pursuant to subsection (a), shall first submit a provider enrollment application to the Department to become an EPSDT supplemental services provider. The application shall be accompanied by a request for prior authorization, pursuant to Section 51340(c), for the initial service the provider seeks to provide.

(c) An EPSDT case manager, defined in Section 51184(h)(4), seeking to provide EPSDT case management services shall be considered to be an EPSDT supplemental services provider and shall comply with the requirements of this section.

(d) In order to be approved as an EPSDT supplemental services provider for the particular service sought, the provider shall supply documentation or other evidence which the Department determines establishes that all of the following conditions are met:

(1) The service to be provided meets the standard of medical necessity set forth in Section 51340(e).

(2) The provider is licensed, certified, or otherwise recognized or authorized under state law governing the healing arts to provide the service, and meets any applicable requirements in federal Medicaid law to provide the particular service requested.

(e) Notwithstanding the provisions of paragraph (d)(1), an entity or individual seeking to provide EPSDT case management services pursuant to Section 51340(j)(3) shall supply documentation enabling the Department to determine that both of the following requirements are met:

(1) The criteria specified in Section 51340(f) are met.

(2) The entity or individual is qualified by education, training, or experience to provide EPSDT case management services to the beneficiary.

(f) The Department shall not approve an application pursuant to subsection (b) or (c) of this section if the Department determines that the service to be provided is accessible and available in an appropriate and timely manner through existing Medi-Cal certified provider types or other Medi-Cal programs.

(g) Once enrolled as an EPSDT supplemental services provider, the provider shall remain enrolled only for the purpose of providing subsequent EPSDT supplemental services within his or her scope of practice, unless disenrolled.

(h) A provider who is currently enrolled as a Medi-Cal services provider shall not be required to enroll as an EPSDT supplemental services provider.

#### **51304. Benefit Limitations.**

(a) Program coverage of services specified in Sections 51308, 51308.5, 51309, 51310, 51312, and 51331(a)(3) through (9), unless noted otherwise, is limited to a maximum of two services from among those services set forth in those sections in any one calendar month.

(b) For purposes of this section, "services" means all care, treatment, or procedures provided a beneficiary by an individual practitioner on one occasion.

#### **51340. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services and EPSDT Supplemental Services.**

(a) EPSDT screening services as defined in Section 51184(a)(1) are a program benefit when provided through the Child Health and Disability Prevention program in accordance with Title 17, California Code of Regulations, Sections 6800 et seq. EPSDT screening services as defined in Sections 51184(a)(2) and (a)(3) are covered when provided by a certified Medi-Cal provider meeting the requirements of this chapter, if such services are otherwise reimbursable under the program.

(b) EPSDT diagnosis and treatment services as defined in Section 51184(b) are covered subject to the provisions of this chapter.

(c) EPSDT supplemental services are covered subject to prior authorization if the requirements of subsections (e) or (f), as appropriate, are met. The Department shall review requests for services resulting from EPSDT screening services for compliance with this section whether the screen was performed by a Medi-Cal provider or a non-Medi-Cal provider.

(d) Requests for prior authorization for EPSDT supplemental services pursuant to subsection (c) shall state explicitly that the request is for EPSDT supplemental services, and shall be accompanied by the following information:

(1) The principal diagnosis and significant associated diagnoses.

(2) Prognosis.

(3) Date of onset of the illness or condition, and etiology if known.

(4) Clinical significance or functional impairment caused by the illness or condition.

(5) Specific types of services to be rendered by each discipline with physician's prescription where applicable.

(6) The therapeutic goals to be achieved by each discipline, and anticipated time for achievement of goals.

(7) The extent to which health care services have been previously provided to address the illness or condition, and results demonstrated by prior care.

(8) Any other documentation available which may assist the Department in making the determinations required by this section.

(e) EPSDT supplemental services must meet one of the following standards, as determined by the Department:

(1) The standards and requirements set forth in Sections 51003 and 51303, and any specific requirements applicable to a specific service that are based on the standards and requirements of those sections other than the service-specific requirements set forth in Section 51340.1.

(2) The service-specific requirements applicable to EPSDT Supplemental Services set forth in Section 51340.1.

(3) When the standards set forth in paragraph (e)(1) or (e)(2) are not applicable to the services being requested, all of the following criteria, where applicable:

(A) The services are necessary to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services as defined in subsection (a) of this section.

(B) The supplies, items, or equipment to be provided are medical in nature.

(C) The services are not requested solely for the convenience of the beneficiary, family, physician or another provider of services.

(D) The services are not unsafe for the individual EPSDT-eligible beneficiary, and are not experimental.

(E) The services are neither primarily cosmetic in nature nor primarily for the purpose of improving the beneficiary's appearance. The correction of severe or disabling disfigurement shall not be considered to be primarily cosmetic nor primarily for the purpose of improving the beneficiary's appearance.

(F) Where alternative medically accepted modes of treatment are available, the services are the most cost-effective.

(G) The services to be provided:

1. Are generally accepted by the professional medical and dental community as effective and proven treatments for the conditions for which they are proposed to be used. Such acceptance shall be demonstrated by scientific evidence, consisting of well designed and well conducted investigations published in peer-review journals, and, when available, opinions and evaluations published by national medical and dental organizations, consensus panels, and other technology evaluation bodies. Such evidence shall demonstrate that the services can correct or ameliorate the conditions for which they are prescribed.

2. Are within the authorized scope of practice of the provider, and are an appropriate mode of treatment for the health condition of the beneficiary.

(H) The predicted beneficial outcome of the services outweighs potential harmful effects.

(I) Available scientific evidence, as described in paragraph (e)(3)(G)1., demonstrates that the services improve the overall health outcomes as much as, or more than, established alternatives.

(f)(1) Notwithstanding subsection (e), EPSDT case management services as specified in paragraph (j)(3) may be covered for the EPSDT-eligible beneficiary when accompanied by the information described in subsection (d) if the Department determines that both of the following criteria are met:

(A) The service to which access is to be gained through case management is medically necessary for the EPSDT-eligible beneficiary. For purposes of this subsection, medical necessity is established if the service meets the criteria set forth in subsection (e)(1), (e)(2), or (e)(3).

(B) The EPSDT-eligible beneficiary has a medical or mental health condition or diagnosis.

(2) Requests for EPSDT case management services shall not be approved if the Department determines that EPSDT case management services appropriate to the EPSDT-eligible beneficiary's needs can reasonably be obtained through the use of family, agency, or institutional assistance that is typically used by the general public in assuring that children obtain necessary medical, social, educational, or other services. In making the determination described in this paragraph, the Department may take into account the following factors:

(A) Whether or not the beneficiary has a complicated medical condition, including a history of multiple or complex medical or mental health diagnoses, frequent recent hospitalizations, use of emergency rooms, or other indicators of medical or mental health conditions resulting in significant impairment.

(B) Whether or not the beneficiary has a history of one or more environmental risk factors, including:

1. parent, guardian, or primary care-giver mental retardation or mental illness, physical or sensory disability, substance abuse, under age 18 years, prolonged absence, or

2. other environmental stressors, which may result in neglect, abuse, lack of stable housing, or otherwise compromise the parent's, guardian's, or primary caregiver's ability to assist the beneficiary in gaining access to the necessary medical, social, educational, and other services.

(g) If reimbursement is being sought on a "by report" basis, a description of the service, the proposed unit of service, and the requested dollar amount shall be included with the request for authorization. A "by report" service or item is any service for which a maximum allowance has not been established because the item is rarely billed to the Medi-Cal program or because the service is unusual, variable or new.

(h) EPSDT supplemental services requested as a result of EPSDT screening services are exempt from the benefit limitations in Section 51304, and may be covered subject to prior authorization as defined in Section 51003 if the requirements of subsection (e) of this section are met.

(i) Regardless of the source of the referral for the service, requests for EPSDT diagnostic and treatment services and EPSDT supplemental services pursuant to the requirements of this chapter shall be reviewed pursuant to this section.

(j)(1) Requests for EPSDT case management services shall not be authorized where the Department has determined that appropriate case management services may be obtained through a targeted case management (TCM) provider under contract with a participating local governmental agency that has elected to provide case management services pursuant to Section 14132.44 of the Welfare and Institutions Code, or where TCM services are available pursuant to Section 14132.48 of the Welfare and Institutions Code.

(2) Where the Department determines that EPSDT case management services are not provided or available pursuant to paragraph (j)(1), requests for EPSDT case management services may be referred to the unit within the Department designated by the Director.

(3) Where the Department determines that EPSDT case management services are not provided or available pursuant to paragraph (j)(1) or (j)(2), the Department may authorize EPSDT case management services through an EPSDT case manager described in Section 51184(h)(4).

(k) For members of Medi-Cal managed care plans, the Medi-Cal managed care plan shall determine whether EPSDT case management services are medically necessary based on subsection (f). If the plan determines EPSDT case management services are medically necessary, the plan shall refer the members to an appropriate EPSDT case manager described in paragraph (h)(1) or (h)(2) of Section 51184. Services shall first be sought pursuant to paragraph (j)(1). If services are not available pursuant to paragraph (j)(1), the plan shall provide, or arrange and pay for, the EPSDT case management services. For purposes of this subsection, Medi-Cal managed care plan means any entity that has entered into a contract with the Department to provide, or arrange for, comprehensive health care to enrolled Medi-Cal beneficiaries pursuant to Chapter 8 or Articles 2.7, 2.8, 2.9 and 2.91 of Chapter 7 of Part 3, Division 9, of the Welfare and Institutions Code.

(l) The Department shall not approve an EPSDT supplemental service pursuant to this section if the Department determines that the service to be provided is accessible and available in an appropriate and timely manner as an EPSDT diagnostic and treatment service.

(m) The Department shall not approve a request for EPSDT diagnostic and treatment services or EPSDT supplemental services in home and community-based settings if the Department determines that the total cost incurred by the Medi-Cal program for providing such services to the beneficiary is greater than the total costs incurred by the Medi-Cal program in providing medically equivalent services at the beneficiary's otherwise appropriate institutional level of care, where medically equivalent services at the appropriate level are available in a timely manner.

#### **51340.1. Requirements Applicable to EPSDT Supplemental Services**

When service-specific criteria and other requirements set forth in this section are applicable to a particular EPSDT Supplemental Service, the request for service shall be approved only when such criteria and requirements are met. Requests for all other EPSDT Supplemental Services shall be approved only when the requirements set forth in Section 51340(e)(1) or (e)(3) are met.

(a) Dental Services

(1) Dental services, other than orthodontic services

Requests for dental services, as EPSDT Supplemental Services, including but not limited to services necessary for the relief of pain and infections, restoration of teeth or maintenance of dental health, shall be evaluated under Section 51340(e)(1) or (e)(3), as applicable.

(2) Orthodontic services

Orthodontic services are covered only:

(A) When medically necessary pursuant to the criteria set forth in the Medi-Cal "Manual of Criteria for Medi-Cal Authorization," Chapter 8.1, as incorporated by reference in Section 51003(e), or

(B) When medically necessary for the relief of pain and infections, restoration of teeth, maintenance of dental health, or the treatment of other conditions or defects, pursuant to the criteria set forth in Section 51340(e)(1) or (e)(3), as applicable.

(b) Hearing Services

(1) Requests for hearing services, as EPSDT Supplemental Services, including but not limited to services necessary for the diagnosis and treatment for defects in hearing, including hearing aids, shall be evaluated under Section 51340(e)(1) or (e)(3), as applicable.

(2) When a hearing aid is approved under the standards of Section 51340(e)(3), one package of six hearing aid batteries, size 675, 13, 312 or 10A, may be furnished on a quarterly basis without prior authorization. Batteries in sizes other than those listed, and hearing aid batteries provided at more frequent intervals, shall be subject to prior authorization.

**51532. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services.**

(a) Reimbursement for early and periodic screening services under the Child Health and Disability Prevention program shall be made in accordance with the provisions of Title 17, California Code of Regulations, Sections 6800 et seq.

(b) EPSDT screening services not provided through CHDP providers shall be reimbursed up to the maximum allowance for services set forth in this article.

(c) EPSDT diagnosis and treatment services, and services authorized as EPSDT Supplemental Services in excess of the maximum number of services specified in Section 51304, shall be reimbursed up to the maximum allowance for services set forth in this article. Reimbursement for EPSDT supplemental services not set forth in this article shall be based upon a review of such services to determine their relationship to other services for which maximum allowances are set forth.

(d) Reimbursement for EPSDT case management services provided by entities or individuals serving EPSDT-eligible beneficiaries pursuant to Section 51340(j)(3) shall not duplicate reimbursement provided under other publicly funded programs.

(e) Reimbursement for EPSDT case management services provided pursuant to Section 51340(k) shall be in accordance with the provisions of the contract between the Department and the Medi-Cal managed care plan.

# CHILD HEALTH AND DISABILITY PREVENTION PROGRAMS

## ALAMEDA

499 5th Street, 3rd Floor  
Oakland, CA 94607  
(510) 268-2670

## ALPINE

260 Laramie Street  
(P.O. Box 545)  
Martleeville, CA 96120  
(916) 694-2146

## AMADOR

1003 Broadway, #203  
Jackson, CA 95642  
(209) 223-6407

## BERKELEY CITY

2180 Milvia, 3rd Floor  
Berkeley, CA 94704  
(510) 644-6822

## BUTTE

2430 Bird Street  
Oroville, CA 95965  
(916) 538-7553

## CALAVERAS

891 Mt. Ranch Road  
San Andreas, CA 95249  
(209) 754-6460

## COLUSA

251 East Webster Street  
(P.O. Box 610)  
Colusa, CA 95932  
(916) 458-0580

## CONTRA COSTA

595 Center Avenue, Suite 310  
Martinez, CA 94553  
(510) 313-6150

## DEL NORTE

909 Highway 101 North  
Crescent City, CA 95531  
(707) 464-7227

## EL DORADO

931 Spring Street  
Placerville, CA 95667  
(916) 621-6100

## FRESNO

1221 Fulton Mall  
P.O. Box 11867  
Fresno, CA 93775

## GLENN

240 N. Villa Avenue  
Willows, CA 95988  
(916) 934-6588

## HUMBOLDT

712 Fourth Street  
Eureka, CA 95501  
(707) 445-6210

## IMPERIAL

935 Broadway  
El Centro, CA 92243  
(619) 339-4451

## INYO

155 East Market  
P.O. Box Drawer H  
Independence, CA 93526  
(619) 878-2411, Ext. 2231

## KERN

1700 Flower Street  
Bakersfield, CA 93305  
(805) 861-3010

## KINGS

330 Campus Drive  
Hanford, CA 93230  
(209) 584-1401, ext. 2606

## LAKE

922 Bevins Court  
Lakeport, CA 95453-9780  
(707) 263-2241

## LASSEN

555 Hospital Lane  
Susanville, CA 96130  
(916) 257-8183/8109

## LOS ANGELES

Rancho Los Amigos Medical Center  
7601 East Imperial Highway  
Office Building 307  
Downey, CA 90242-4111  
(310) 940-7985

## WEST HEALTH SERVICES AREA

Harbor UCLA Medical Center  
1000 West Carson  
Cottage N34  
Torrance, CA 90509  
(310) 222-2324

## NORTH HEALTH SERVICES AREA

12502 Van Nuys Boulevard, Room 120  
Pacoima, CA 91331  
(818) 834-3380

## EAST HEALTH SERVICES AREA

Pico Rivera Health Center (Trailer)  
6336 Parsons Boulevard  
Pico Rivera, CA 90661  
(310) 949-4442

## SOUTH HEALTH SERVICES AREA

Martin Luther King Hospital  
I&R Physicians Building  
12012 Compton Ave, Room 1-220  
Los Angeles, CA 90059  
(310) 668-5141

## MADERA

14215 Road 28  
Madera, CA 93638  
(209) 675-7893

## MARIN

555 Northgate Drive, Suite B  
San Rafael, CA 94903  
(415) 499-7397

## MARIPOSA

4988 Eleventh Street  
(P.O. Box 5)  
Mariposa, CA 95338  
(209) 966-3689

## MENDOCINO

890 North Bush Street  
(Courthouse)  
Ukiah, CA 95482  
(707) 463-4461

## MERCED

240 East 15th Avenue  
(P.O. Box 471)  
Merced, CA 95341  
(209) 385-7704

## MODOC

131 B West Henderson Street  
Alturas, CA 96101  
(916) 233-6311

## MONO

P.O. Box 3329  
Mammoth Lakes, CA 93546  
(619) 924-5410

## MONTEREY

646 East Alisal, Suite B  
Salinas, CA 93905  
(408) 755-5401

## NAPA

2261 Elm Street  
Napa, CA 94559  
(707) 253-4316

## NEVADA

10433 Willow Valley Road  
HEW Complex  
Nevada City, CA 95959  
(916) 265-1450

## ORANGE

1725 West 17th Street  
(P.O. Box 6099)  
Santa Ana, CA 92706  
(714) 834-8440

## PLACER

11484 B Avenue  
Auburn, CA 95603  
(916) 889-7179

## PLUMAS

270 County Hospital Road  
(P.O. Box 480)  
Quincy, CA 95971  
(916) 283-6330

## RIVERSIDE

4065 County Circle Drive, Room 204  
(P.O. Box 7600)  
Riverside, CA 92513-7600  
(909) 358-5481

## SACRAMENTO

9333 Tech Center Drive, Suite 100  
Sacramento, CA 95826  
(916) 366-2151

## SAN BENITO

439 Fourth Street  
Hollister, CA 95023  
(408) 637-5367

## SAN BERNARDINO

351 North Mountain View Avenue, Room 305  
San Bernardino, CA 92415-0010  
(909) 387-6302

## SAN DIEGO

3851 Rosecrans Street  
(P.O. Box 85222)  
San Diego, CA 92186-5222  
(619) 692-8808

## SAN FRANCISCO

680 Eighth Street, #200  
San Francisco, CA 94103  
(415) 554-9950

## SAN JOAQUIN

511 East Magnolia, Third Floor  
Stockton, CA 95202  
(209) 468-3835

## SAN LUIS OBISPO

2191 Johnson Avenue  
(P.O. Box 1489)  
San Luis Obispo, CA 93406  
(805) 781-5502

## SAN MATEO

225 West 37th Avenue  
(P.O. Box 5894)  
San Mateo, CA 94403  
(415) 573-2877

## SANTA BARBARA

315 Camino del Remedio  
Santa Barbara, CA 93110  
(805) 681-5130

## SANTA CLARA

976 Lenzen Avenue  
San Jose, CA 95126  
(408) 299-6158

## SANTA CRUZ

1080 Emeline Avenue  
(P.O. Box 962)  
Santa Cruz, CA 95060  
(408) 763-8030

## SHASTA

2652 Breslau Lane  
Redding, CA 96001  
(916) 225-5122

## SIERRA

202 Front Street  
(P.O. Box 7)  
Loyalton, CA 96118  
(916) 993-6700

## SISKIYOU

806 South Main Street  
Yreka, CA 96097  
(916) 842-8240

## SOLANO

2100 West Texas Street, MS4-150  
Fairfield, CA 94533  
(707) 421-6666

## SONOMA

370 Administration Drive, Suite C  
Santa Rosa, CA 95403-2801  
(707) 524-7350

## STANISLAUS

820 Scenic Drive  
Modesto, CA 95350  
(209) 525-7316

## SUTTER

1445 Circle Drive  
(P.O. Box 1510)  
Yuba City, CA 95991  
(916) 741-7215

## TEHAMA

1860 Walnut Street  
Red Bluff, CA 96080  
(916) 527-6824

## TRINITY

1 Industrial Parkway  
(P.O. Box 1257)  
Weaverville, CA 96093  
(916) 623-2266

## TULARE

Hillman Health Center  
115 E. Tulare Ave  
Tulare, CA 93274  
(209) 685-2533

## TUOLUMNE

20044 Cedar Road  
Sonora, CA 95370  
(209) 536-2640, ext. 301

## VENTURA

3210 Foothill Road  
Ventura, CA 93003  
(805) 652-5951

## YOLO

10 Cottonwood Street  
Woodland, CA 95695  
(916) 666-8640

## YUBA

6000 Linhurst Avenue, Suite 601-B  
(P.O. Box 429)  
Marysville, CA 95901  
(916) 741-6366